



KANSAS SECRETARY OF STATE

## General Partnership Cancellation of Statement

**CONTACT: Kansas Office of the Secretary of State**

Memorial Hall, 1st Floor  
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*Above space is for office use only.*



**INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.  
Please read instructions before completing.*

**1. Business entity ID  
number:**

*This is not the Federal Employer  
ID Number (FEIN)*

**2. Name of partnership:**

*Name must match the name on  
record with the Secretary of State*

**3. The following  
statement on file is  
cancelled:**

*Provide name of statement and  
its file date*

**4. I/We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct  
and that I/we have remitted the required fee.**

*Signature of partner*

*Date (month, day, year)*

*Name of signer (printed or typed)*

*Signature of partner*

*Date (month, day, year)*

*Name of signer (printed or typed)*

**i Instructions:**

- ☐ 1. Please see K.S.A. 56a-101(m) for more information about the statements this filing may cancel.
- ☐ 2. Submit this form with the **\$35** filing fee.

**STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO  
WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.**

**NOTICE:** *There is a \$25 service fee for all checks returned by your financial institution.  
All information must be completed or this document will not be accepted for filing.*